# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate                 | evel produced by rate revision effective         | 06/26/2010 New; 08/01/2010 Ren              |
|---|--|---|
| (1)   | (2) Annual Premium                               | (3)<br>Percent<br>Change (+ or -)**         |
| <u>Coverage</u>                                     | Volume (Illinois)*                               | Change (+ OI -)                             |
| Automobile Liability Private                        |  |   |
| Passenger Commercial                                | \$10,573,646                                     | -0.01%                                      |
| 2. Automobile Physical Damage                       |  |   |
| Private Passenger Commercial                        | \$7,858,940                                      | -0.01%                                      |
| 3. Liability Other Than Auto                        |  |   |
| 4. Burglary and Theft                               |  |   |
| 5. Glass  |  |   |
| 6. Fidelity   |  |   |
| 7. Surety   |  |   |
| 8. Boiler and Machinery                             |  |   |
| 9. Fire   |  |   |
| 10. Extended Coverage                               |  |   |
| 11. Inland Marine                                   |  |   |
| 12. Homeowners                                      |  |   |
| 13. Commercial Multi-Peril                          |  |   |
| 14. Crop Hail                                       |  |   |
| 15. Other   |  |   |
| Line of Insurance                                   |  |   |
|   |  |   |
| Does filing only apply to certain territory         | (territories) or certain classes? If so, specify | /:  |
| Applies to all territories.                         |  |   |
| Brief description of filing, (If filing follows     | rates of an advisory organization, specify o     | organization): Filing revision to Connectio |
| Auto program consisting of Prior Carrier Discount F |  | <u> </u>                                    |
|   |  |   |
|   |  |   |
| *Adjusted to reflect all prior rate change          | S.   |   |
| **Change in Company's premium level v               | which will result from application of new rate   | s.  |
|   |  |   |
|   | Allmerica Fina                                   | ancial Alliance Insurance Company           |
|   |  | Name of Company                             |
|   |  |   |
|   | Mandi Al-Bei                                     | ik - Associate State Filing Analyst         |
|   |  | Official - Title                            |

| Change in Company's premiure vision effective 07-22-201   |                            | by rate  |
|---|----------------------------|--|
| (1)   | (2)<br>Annual Premium      | (3)<br>Percent   |
| Coverage  | Volume (Illinois)*         | Change (+ or -)**  |
| <ol> <li>Automobile Liability         Private Passenger         Commercial     </li> </ol>              | 119241885                  | -1.3   |
| <ol> <li>Automobile Physical Damage<br/>Private Passenger<br/>Commercial</li> </ol>                     | 90400836                   | -1.3   |
| 3. Liability Other Than Auto  | <u> </u>                   |  |
| 4. Burglary and Theft   |                            |  |
| 5. Glass  |                            |  |
| 6. Fidelity   |                            |  |
| 7. Surety   |                            |  |
| 8. Boiler and Machinery   |                            |  |
| 9. Fire   |                            |  |
| 10. Extended Coverage   |                            |  |
| 11. Inland Marine   |                            |  |
| 12. Homeowners  |                            |  |
| 13. Commercial Multi-Peril  |                            |  |
| 14. Crop Hail   |                            |  |
| 15. Other   |                            |  |
| Line of Insurance   |                            |  |
| Does filing only apply to certain If so, specify: NO  | territory (territories)o   | r certain classes?   |
|   |                            |  |
| Brief description of filing. (If organization, specify organization                                     | n): With this filing, Al   | lstate is revising the the applicability of the an Discount, and |
| * Adjusted to reflect all prior of the Change in Company's premium lever result from application of new | vel which will             |  |
| Al:   | lstate Fire and Casualty   | Insurance Company  |
|   | Name of Compa              |  |
|   | Paul Calcagno- State Filin | ng manager   |
|   | Official - Ti              |  |
| H29219D   |                            |  |

| · · · · · · · ·     |            |      |       |          |    |      |
|---------------------|------------|------|-------|----------|----|------|
| Change in Company's | premium or | rate | level | produced | bу | rate |
| revision effective  | 07/22/2010 |      |       |          |    |      |

| 1CVIBION C                 | 110001VC 077227201 | <u> </u>    |                       |                       |
|----------------------------|--------------------|-------------|-----------------------|-----------------------|
| (1)                        |                    |             | (2)                   | (3)                   |
| (1)                        | •                  |             | Premium               | Percent               |
| Corror                     | 222                |             | Illinois)*            | Change (+ or -)**     |
| Cover                      | age                | vorume (    | TITIIO18/             | charige (. J.         |
| 1. Automobile Lia          | ability            |             |                       |                       |
| Private Pass               |                    |             | \$6,814,769           | 0.0                   |
| Commercial                 |                    |             |                       |                       |
| 2. Automobile Phy          | veical Damage      |             |                       |                       |
| Private Pass               |                    |             | \$3,486,299           | 0.0                   |
| Commercial                 | senger             |             | Q3/100/233            |                       |
| •••••                      |                    |             |                       |                       |
| 3. Liability Othe          |                    |             |                       |                       |
| 4. Burglary and T          | Cheft              |             |                       |                       |
| 5. Glass                   |                    |             | ·                     |                       |
| <ol><li>Fidelity</li></ol> |                    |             |                       |                       |
| 7. Surety                  |                    |             |                       |                       |
| 8. Boiler and Mad          | chinery            |             |                       |                       |
| 9. Fire                    |                    |             |                       |                       |
| 10. Extended Cover         | cage               | ·           |                       |                       |
| 11. Inland Marine          | •                  |             |                       |                       |
| 12. Homeowners             |                    |             |                       |                       |
| 13. Commercial Mul         | lti-Peril          |             |                       |                       |
| 14. Crop Hail              | CI ICIII           | <del></del> |                       |                       |
| 15. Other                  |                    |             |                       |                       |
|                            | of Insurance       |             |                       |                       |
| Does filing only           | or insurance       | territory   | (territories)or       | certain classes?      |
| If so, specify:            | No                 | ccrrccry    | (00111001100) 01      |                       |
| II so, specify             | 110                |             |                       |                       |
|                            |                    |             |                       |                       |
| Brief description          | of filing. (If     | filing fol  | lows rates of a       | n advisory            |
| organization, spe-         | cify organization  | n): With t  | this filing, All      | state is revising the |
| -                          | -                  | applio      | cation of the Al      | lstate Easy Pay Plan  |
|                            |                    | Disco       | unt to renewal p      | olicies.              |
|                            |                    |             |                       |                       |
| * Adjusted to re:          | flect all prior m  | rate change | s.                    |                       |
| ** Change in Compa         | any's premium lev  | vel which w | vill                  |                       |
|                            | plication of new   |             |                       |                       |
|                            | _                  |             |                       |                       |
|                            |                    | Alls        | state Indemnity       |                       |
|                            |                    |             | Name of Compar        | ay                    |
|                            |                    |             |                       |                       |
|                            |                    | Paul        | Calcagno – State Fili |                       |
|                            | <del></del>        |             | Official - Tit        | .le                   |
| H29219D                    |                    |             |                       |                       |

| Change in Company's | premium  | or | rate | level | produced | by | rate |
|---------------------|----------|----|------|-------|----------|----|------|
| revision effective  | 07-08-10 |    |      |       |          |    |      |

| (1)  | (2)   | (3)  |
|--|---|--|
| Coverage   | Annual Premium Volume (Illinois)*                           | Percent<br>Change (+ or -)**   |
| 1. Automobile Liability  |   |  |
| Private Passenger  | \$3,147,130   | -1.7   |
| Commercial   |   |  |
| 2. Automobile Physical Damage Private Passenger  | \$2,288,726   | 0.5  |
| Commercial 3. Liability Other Than Auto  |   |  |
| 4. Burglary and Theft  |   |  |
| 5. Glass   |   |  |
| 6. Fidelity  |   |  |
| 7. Surety  |   |  |
| 8. Boiler and Machinery  |   |  |
| 9. Fire  |   |  |
| 10. Extended Coverage  |   |  |
| 11. Inland Marine  |   |  |
| 12. Homeowners   |   |  |
| 13. Commercial Multi-Peril   |   |  |
| 14. Crop Hail  |   |  |
| 15. Other Line of Insurance  |   |  |
| Does filing only apply to certai  If so, specify: No   | n territory (territories)or                                 | certain classes?   |
|  |   |  |
| Brief description of filing. (I organization, specify organizati                                 |   | Allstate Property and y Motorcycle/Off-Road roposing to update the Harley, Sport Group and |
|  | processed on June 7, 2010 v<br>business both effective on J | entation for renewal business with new business and renewal uly 8, 2010.                   |
| * Adjusted to reflect all prior  ** Change in Company's premium l  result from application of ne | evel which will   |  |
| A]   | llstate Property & Casualty                                 |  |
|  | Name of Compar  | ny   |
|  | Paul Calcagno-State Fil:                                    |  |
| H29219D  | Official - Tit  | le   |

| Change in Company's premium revision effective 07/22/2010 |                           | y rate                                     |  |  |
|---|---------------------------|--|--|--|
| (1)   | (2)<br>Annual Premium     | (3)<br>Percent                             |  |  |
| <u>Coverage</u>   | Volume (Illinois)*        | Change (+ or -)**                          |  |  |
| 1. Automobile Liability                                   |                           |  |  |  |
| Private Passenger   | 87178191                  | 0.0  |  |  |
| Commercial  |                           |  |  |  |
| 2. Automobile Physical Damage                             |                           |  |  |  |
| Private Passenger   | 73854564                  | 0.0  |  |  |
| Commercial  |                           |  |  |  |
| 3. Liability Other Than Auto                              |                           |  |  |  |
| 4. Burglary and Theft                                     |                           |  |  |  |
| 5. Glass  |                           |  |  |  |
| 6. Fidelity   |                           |  |  |  |
| 7. Surety   |                           |  |  |  |
| 8. Boiler and Machinery                                   |                           |  |  |  |
| 9. Fire   |                           |  |  |  |
| 10. Extended Coverage                                     |                           |  |  |  |
| 11. Inland Marine   |                           |  |  |  |
| 12. Homeowners  |                           |  |  |  |
| 13. Commercial Multi-Peril                                |                           |  |  |  |
| 14. Crop Hail   |                           |  |  |  |
| 15. Other   |                           |  |  |  |
| Line of Insurance   |                           |  |  |  |
| Does filing only apply to certain If so, specify: No      | territory (territories)or | certain classes?                           |  |  |
| -   |                           |  |  |  |
| Brief description of filing. (If                          | filing follows rates of a | n advisory                                 |  |  |
| organization, specify organization                        | i): With this filing, All | state is revising the lstate Easy Pay Plan |  |  |
|   | Discount to renewal p     |  |  |  |
| * Adjusted to reflect all prior r                         | ate changes.              |  |  |  |
| ** Change in Company's premium lev                        | el which will             |  |  |  |
| result from application of new rates.                     |                           |  |  |  |

|   | Allstate Property & Casualty Insurance Company |
|---|--|
|   | Name of Company                                |
|   |  |
|   | Paul Calcagno - State Filing Manager           |
| _ | Official - Title                               |

H29219D

| Change in Company's premium or rate level produced b | y rate revision effective: |
|--|----------------------------|
| July 11, 2010 New / August 15, 2010 Renewal          |                            |

|   |  | <del></del>                           |
|---|--|---------------------------------------|
| (1)   | (2)<br>Annual Premium                    | (3)<br>Percent                        |
| Coverage  | Volume (Illinois)*                       | Change (+ or -)**                     |
| Automobile Liability     Private Passenger                      | 5,896,189                                | 3%                                    |
| Commercial  |  |                                       |
| Automobile Physical Damage     Private Passenger     Commercial | 4,994,703                                | 1%                                    |
| <ol><li>Liability Other Than Auto</li></ol>                     |  |                                       |
| 4. Burglary and Theft   |  |                                       |
| 5. Glass  |  |                                       |
| 6. Fidelity   |  |                                       |
| 7. Surety   |  |                                       |
| 8. Boiler and Machinery   |  |                                       |
| 9. Fire   |  |                                       |
| 10. Extended Coverage   |  |                                       |
| 11. Inland Marine 12. Homeowners                                |  |                                       |
| 13. Commercial Multi-Peril                                      |  |                                       |
| 14. Crop Hail   |  |                                       |
| 15. Other   |  |                                       |
| Line of Insurance   |  |                                       |
|   |  |                                       |
|   | rritory (territories) or certain classes | ? If so, specify:                     |
| No  |  | <b>-</b>                              |
|   |  |                                       |
| Brief description of filing. (If filing t                       | follows rates of an advisory organiza    | ation, specify organization):         |
| The following has been revised:                                 |  |                                       |
| Coveragae Base Rates, Major Dis                                 | count Factors and Rate Zone Facto        | rs revised.                           |
|   |  |                                       |
|   | <del></del>                              |                                       |
| * Annualized In-Force Premium @                                 | ) Current Rates                          |                                       |
|   | level which will result from applicati   | ion of new rates.                     |
|   |  | Auto Club Insurance Association       |
|   |  | Name of Company                       |
|   |  | System M. Stellman                    |
|   |  | Judith M. Feldmeier                   |
|   | Vice President                           | t & Chief Actuary, F.C.A.S., M.A.A.A. |

2

3. 4. 5. 6. 7. 8. 9.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

### **SUMMARY SHEET**

| -  | (1)                          | (2)<br>Annual Premium | (3)<br>Percent   |
|----|------------------------------|-----------------------|------------------|
|    | Coverage                     | Volume (Illinois) *   | Change (+or-) ** |
|    | Automobile Liability Private |                       |                  |
|    | Passenger                    | 2,112,446             | +6.48%           |
|    | Commercial                   |                       | <del></del>      |
|    | Automobile Physical Damag    |                       |                  |
|    | Private Passenger            | 1,912,745             | +6.48%           |
|    | Commercial                   |                       |                  |
|    | Liability Other Than Auto    |                       |                  |
|    | Burglary and Theft           |                       |                  |
|    | Glass                        |                       |                  |
|    | Fidelity                     |                       |                  |
|    | Surety                       |                       |                  |
|    | Boiler and Machinery         |                       |                  |
|    | Fire                         |                       |                  |
| ). | Extended Coverage            |                       |                  |
| ١. | Inland Marine                |                       |                  |
| 2. | Homeowners                   |                       |                  |
| 3. | Commercial Multi-Peril       | ·                     |                  |
| 4. | Crop Hail                    | <del></del>           |                  |
| 5. | Other                        |                       |                  |
|    | Life of Insurance            |                       |                  |

Organization, specify

organization):

Brief description of filing. (If filing follows rates of an advisory

Badger Mutual Insurance Company Name of Company Terry Falls - Workers' Compensation Coordinator

Base Rate Increase and BI & PD Territory Decreases

Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/10/2010

|       | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u>   |
|-------|--|--|--|
| 1.    | Automobile Liability Private   |  | 0.4007   |
| _     | Passenger Commercial   | 17,482,456   | 6.13%  |
| 2.    | Automobile Physical Damage Private Passenger Commercial                          | 10,457,387   | -0.93%   |
| 3.    | Liability Other Than Auto  |  |  |
| 4.    | Burglary and Theft   |  |  |
| 5.    | Glass  |  |  |
| 6.    | Fidelity   |  |  |
| 7.    | Surety   |  |  |
| 8.    | Boiler and Machinery   |  |  |
| 9.    | Fire   |  |  |
|       | Extended Coverage  |  |  |
|       | Inland Marine  |  |  |
|       | Homeowners   |  |  |
|       | Commercial Multi-Peril   |  |  |
|       | Crop Hail  |  |  |
| 15.   | Other  |  |  |
|       | Line of Insurance  |  |  |
| Dos   | es filing only apply to certain territory (                                      | territories) or certain classes? If so, specify    | No; the changes proposed with this   |
|       | apply to all territories.  | termonopy or contain diagona. It do, openly        | The state of the s |
|       |  | rates of an advisory organization, specify or      | ganization): We are proposing to   |
| incre | ease our base rates with an overall impact of 3.5                                | %  |  |
|       | ljusted to reflect all prior rate changes.<br>hange in Company's premium level w | hich will result from application of new rates     | 3.   |
|       |  | Esurance Insurance Compa                           | ny   |
|       |  |  | Name of Company  |
|       |  | David Biewer - Vice Preside                        | nt of Actuarial  |
|       |  |  | Official – Title   |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

# **SUMMARY SHEET**

| (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) **  |
|--|--|-------------------------------|
| Automobile Liability Private   |  |                               |
| Passenger  | 29,392                                 | +12.2%                        |
| Commercial   |  |                               |
| Automobile Physical Dama   | 90                                     |                               |
| Private Passenger  | 29,804                                 | -3.9%                         |
| Commercial   |  |                               |
| iability Other Than Auto   |  |                               |
| Burglary and Theft   |  |                               |
| Glass  |  |                               |
| Fidelity   |  |                               |
| Surety   |  |                               |
| Boiler and Machinery   |  |                               |
| Fire Fire  |  |                               |
| Extended Coverage  |  |                               |
| nland Marine   |  |                               |
| Homeowners   |  |                               |
| Commercial Multi-Peril   |  |                               |
| Crop Hail  |  |                               |
| Othe <u>r</u>  |  |                               |
| Life of Insurance  |  |                               |
| Does filing only apply to co   | ertain territory (territories) o       | r certain                     |
| Classes? If so,  |  |                               |
| specify: No.   |  | <del></del>                   |
| D : ( ) ( () ( () () () () () () () () () () () () () () () () () - () () - () () - () () () - () () () - () () () () () () () () () () () () () | (16 61) 6 - 11 6 6                     |                               |
| Brief description of filing.  Organization, specify  | (If filing follows rates of an         | advisory                      |
| organization, specify organization):   | Revised base rates b                   | nousehold composition, tier,  |
| new independent rates.   | Ttevised base rates, i                 | iodocriola composition, tior, |
| new independent rates.   |  |                               |
| *Adjusted to reflect all price   | r rate changes.                        |                               |
|  | remium level which will resi           | ult from application of no    |

William Paukovitz - Vice President

Official - Title

CHAPTER 1 § 754 SUBCHAPTER 1

Section 754.EXHIBIT A

totals @12/31/09.

Summary Sheet (Form RF-3)

RECEIVED

FORM (RF-3)

MAY 19 2010

### SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| (1)  | (2)  |  | (3)  |
|--|--|--|--|
| , ,  | Annual Premium   |  | Percent  |
| Coverage   | Volume (Illinois)*   |  | Change (+ or 1)**  |
| Automobile Liability   |  |  |  |
| Private Passenger  | \$1,813,401  | (BI/PD)  | -6.2%  |
| Commercial   |  | _  |  |
| Automobile Physical Damage   |  |  |  |
| Private Passenger  | \$1,414,076  | (Comp/Coll)  | -10.2%   |
| Commercial   |  | _  |  |
| Liability Other Than Auto  |  | _  |  |
| Burglary and Theft   |  | _  |  |
| Glass  |  | _  |  |
| Fidelity   |  | _  |  |
| Surety   |  | -  |  |
| Boiler and Machinery   |  | _  |  |
| Fire   |  | _  |  |
| Extended Coverage  |  | _  |  |
| Inland Marine  |  | _  |  |
| Homeowners   |  | _  |  |
| Commercial Multi-Peril   |  | _  |  |
| Crop Hail  |  | _  |  |
| Other  |  | _  |  |
|  | <del></del>  |  |  |
| Line of Insurance  | *  |  |  |
| Does fling only apply to certain te  | rritory (territories) or certain   | n <i>m</i>   | //)  |
| Does fling only apply to certain te  | rritory (territories) or certair<br>N/A  | Mav  | erick frogs  |
|  | rritory (territories) or certair<br>N/A  | Mav  | erick frogs  |
| Does fling only apply to certain te classes? If so, specify:   | N/A  | Mav  | erick frogs  |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization)  | follows rates of an advisor  n): Rates are being d   | y<br>ecreased for Lia  | bility and Physical  |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive  | follows rates of an advisor  n): Rates are being der discount and a Full Cove  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive  | follows rates of an advisor  n): Rates are being der discount and a Full Cove  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization)  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners co  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners co  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners co  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners co  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners co  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners co  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro-  | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners or Damage only coverage is being in   | follows rates of an advisor  n): Rates are being der discount and a Full Coverage is increasing. A prontroduced.   | y<br>ecreased for Lia<br>rage discount are                     | bility and Physical e being added. The                       |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners con Damage only coverage is being in  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro- introduced.  | y<br>ecreased for Lia<br>rage discount an<br>ogram option to d | bility and Physical<br>e being added. The<br>choose Physical |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners or Damage only coverage is being in  * Adjusted to reflect all prior rate change in Company's premium le        | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro- introduced.  | y<br>ecreased for Lia<br>rage discount an<br>ogram option to d | bility and Physical<br>e being added. The<br>choose Physical |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners con Damage only coverage is being in  | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro- introduced.  nanges. evel which will result from the | y ecreased for Lia rage discount are ogram option to o         | bility and Physical<br>e being added. The<br>choose Physical |
| Does fling only apply to certain te classes? If so, specify:  Brief Description of filing ( If filing organization, specify organization Damage coverages. A Safe Drive discount factor for Non-owners or Damage only coverage is being in  * Adjusted to reflect all prior rate ch  ** Change in Company's premium le | follows rates of an advisor  n): Rates are being der discount and a Full Cove overage is increasing. A pro- introduced.  nanges. evel which will result from the | y ecreased for Lia rage discount are ogram option to o         | bility and Physical e being added. The choose Physical       |

Official - - Title

# **ILLINOIS DEPARTMENT OF INSURANCE**

# Summary Sheet (Form RF-3)-IL First Choice Program

Change in Company's premium or rate level produced by rate revision Effective: New Business 07/15/2010 and Renewal 08/15/2010.

| (1)  | (2)  | (3)                         |
|--|--|-----------------------------|
| Coverage   | Annual Premium<br>Volume (000's) *                               | Percent<br>Change (+or-) ** |
| 1. Automobile Liability Private  | volume (000 3)   | Change                      |
| Passenger  | \$4,806  | -1.27%                      |
| Commercial   |  |                             |
| 2 Automobile Physical Damage   |  |                             |
| Private Passenger  | \$1,698  | -4.89%                      |
| Commercial   |  |                             |
| 3. Liability Other Than Auto   |  |                             |
| 4. Burglary and Theft  |  |                             |
| 5. Glass   |  |                             |
| 6. Fidelity  |  |                             |
| 7. Surety  |  |                             |
| 8. Boiler and Machinery  |  |                             |
| 9. Fire  |  |                             |
| 10. Extended Coverage  |  |                             |
| 11. Inland Marine  |  |                             |
| 12. Homeowners   | <u></u>  |                             |
| 13. Commercial Multi-Peril   |  |                             |
| 14. Crop Hail  |  |                             |
| 15. Othe <u>r</u>  |  |                             |
| Life of Insurance  |  |                             |
| Does filing only apply to certain t<br>Classes? If so, No, All (<br>Specify: | erritory (territories) or certain Classes and Territories will b |                             |
| Brief description of filing. (If filing specify organization):               | g follows rates of an advisory                                   | Organization,               |

Various base rate, territory, and class factor changes.

| **Change in | Company': | s premium | level | which | Will | result fi | rom a | applicat | ion o | t new |
|-------------|-----------|-----------|-------|-------|------|-----------|-------|----------|-------|-------|
| rates.      |           |           |       |       |      |           |       |          |       |       |
|             |           |           |       | FOU   | NDE  | RS INS    | SURA  | NCE C    | OM    | PANY  |

David Mirza-Vice President
Official – Title

Name of Company

# ILLINOIS DEPARTMENT OF INSURANCE

# Summary Sheet (Form RF-3)-IL Metro Symbol Program

Change in Company's premium or rate level produced by rate revision Effective: New Business 07/01/2010 and Renewal 08/01/2010.

|     | (1)   | (2)                             | (3)                         |
|-----|---|---------------------------------|-----------------------------|
|     | <u>Coverage</u>   | Annual Premium Volume (000's) * | Percent<br>Change (+or-) ** |
| 1.  | Automobile Liability Private Passenger                        | \$16,621                        | -1.20%                      |
|     | Commercial  | V 10,021                        |                             |
| 2   | Automobile Physical Damage<br>Private Passenger<br>Commercial | \$4,929                         | -1.70%                      |
| 3.  | Liability Other Than Auto                                     |                                 |                             |
| 4.  | Burglary and Theft  |                                 |                             |
| 5.  | Glass   |                                 |                             |
| 6.  | Fidelity  |                                 |                             |
| 7.  | Surety  |                                 |                             |
| 8.  | Boiler and Machinery  |                                 |                             |
| 9.  | Fire  |                                 |                             |
| 10  | . Extended Coverage   |                                 |                             |
| 11. | . Inland Marine   |                                 |                             |
| 12  | . Homeowners  |                                 |                             |
| 13  | . Commercial Multi-Peril                                      |                                 |                             |
| 14  | . Crop Hail   |                                 |                             |
|     | . Other   |                                 |                             |
|     | Life of Insurance   |                                 |                             |

Does filing only apply to certain territory (territories) or certain

Classes? If so, specify:

No. All Classes and Territories in the Metro Chicagoland

Area will be affected

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Made various adjustments to Territory and Class relativities. Changed Bodily Injury, Property Damage, Uninsured Motorist, and Collision Base Rates.

\*\*Change in Company's premium level which will result from application of new rates.

FOUNDERS INSURANCE COMPANY

Name of Company

David Mirza-Vice President

Official – Title

### ILLINOIS DEPARTMENT OF INSURANCE

# **Summary Sheet (Form RF-3)-IL Metro Value Program**

Change in Company's premium or rate level produced by rate revision Effective: New Business 07/01/2010 and Renewal 08/01/2010.

|    | (1)                          | (2)<br>Annual Premium | (3)<br>Percent   |
|----|------------------------------|-----------------------|------------------|
|    | <u>Coverage</u>              | Volume (000's) *      | Change (+or-) ** |
| 1. | Automobile Liability Private |                       |                  |
|    | Passenger                    | \$11,987              | <u>-1.31%</u>    |
|    | Commercial                   |                       |                  |
| 2  | Automobile Physical Damage   | -                     |                  |
|    | Private Passenger            | \$7,532               | <u>-1.65%</u>    |
|    | Commercial                   |                       |                  |
| 3. | Liability Other Than Auto    |                       |                  |
| 4. | Burglary and Theft           |                       |                  |
| 5. | Glass                        |                       |                  |
| 6. | Fidelity                     |                       |                  |
| 7. | Surety                       |                       |                  |
| 8. | Boiler and Machinery         |                       |                  |
| 9. | Fire                         |                       |                  |
| 10 | . Extended Coverage          |                       |                  |
| 11 | . Inland Marine              |                       |                  |
| 12 | . Homeowners                 |                       |                  |
| 13 | . Commercial Multi-Peril     |                       |                  |
| 14 | . Crop Hail                  |                       |                  |
|    | . Other                      |                       |                  |
|    | Life of Insurance            |                       |                  |

Life of Insurance

Does filing only apply to certain territory (territories) or certain

Classes? If so, No, All Classes and Territories in the Metro Chicagoland

Area will be affected specify:

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Made various adjustments to Territory and Class relativities. Changed Bodily Injury, Property Damage, Uninsured Motorist, and Collision Base Rates.

\*\*Change in Company's premium level which will result from application of new rates.

> FOUNDERS INSURANCE COMPANY Name of Company David Mirza-Vice President Official - Title

## **SUMMARY SHEET**

5/24/10 New 07/02/2010 Renewal

Change in Company's premium or rate level produced by rate revision effective

|     | (1)  Coverage   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
|-----|---|--|-------------------------------|
|     | Coverage  | v olume (Immole)                                   |                               |
| 1.  | Automobile Liability Private Passenger Commercial             | \$1,952,901  | -0.2%                         |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial | \$1,496,552  | -0.2%                         |
| 3.  | Liability Other Than Auto                                     |  |                               |
| 4.  | Burglary and Theft  |  |                               |
| 5.  | Glass   |  |                               |
| 6.  | Fidelity  |  |                               |
| 7.  | Surety  |  |                               |
| 8.  | Boiler and Machinery  |  |                               |
| 9.  | Fire  |  |                               |
| 10. | Extended Coverage   |  |                               |
| 11. | Inland Marine   |  |                               |
| 12. | Homeowners  |  |                               |
| 13. | Commercial Multi-Peril  |  |                               |
| 14. | Crop Hail   |  |                               |
| 15. | Other   |  |                               |
|     | Line of Insurance   |  |                               |
|     | iling only apply to certain territory (t                      | erritories) or certain classes? If so, speci       | fy:                           |

Filing affects all areas of state.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Implemented revised base rates, revised expense fees, revised premier driver discount and revised territory relativities.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Garrison Property and Casualty
Insurance Company
Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title



MAY - 5 2010

# **SUMMARY SHEET**

# STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

| Change | in Company's premium or rate level                                  | produced by rate revision effective          | 04/26/2010N<br>06/03/2010R |
|--------|---|--|----------------------------|
|        | (1)   | (2)<br>Annual Premium                        | (3)<br>Percent             |
|        | Coverage  | Volume (Illinois)*                           | <u>Change (+ or -)**</u>   |
| 1.     | Automobile Liability  |  |                            |
|        | Private Passenger<br>Commercial                                     | \$1,952,901                                  | -2.1%                      |
| 2.     | Automobile Physical Damage  |  |                            |
|        | Private Passenger<br>Commercial                                     | \$1,496,552                                  | -2.4%                      |
| 3.     | Liability Other Than Auto   |  |                            |
| 4.     | Burglary and Theft  |  |                            |
| 5.     | Glass   |  |                            |
| 6.     | Fidelity  |  |                            |
| 7.     | Surety  |  |                            |
| 8.     | Boiler and Machinery  |  |                            |
| 9.     | Fire  |  |                            |
| 10.    | Extended Coverage   |  |                            |
| 11.    | Inland Marine   |  |                            |
| 12.    | Homeowners  |  |                            |
| 13.    | Commercial Multi-Peril  |  |                            |
| 14.    | Crop Hail   |  |                            |
| 15.    | Other   |  |                            |
|        | Line of Insurance   |  |                            |
|        | iling only apply to certain territory (taffects all areas of state. | erritories) or certain classes? If so, speci | fy:                        |
|        | lescription of filing. (If filing follow d tier placement.          | s rates of an advisory organization, speci   | fy organization):          |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Garrison Property and Casualty
Insurance Company
Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective |   | June 19, 2010   |  |
|---|---|---|--|
|   | (1)<br>Coverage   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                          | (3)<br>Percent<br><u>Change (+ or -)**</u>         |
|   | Automobile Liability Private Passenger Commercial                               | 17695641  | +10.81%  |
|   | Automobile Physical Damage Private Passenger Commercial                         |   | +1.59%   |
| 4.  | Liability Other Than Auto<br>Burglary and Theft<br>Glass                        |   |  |
| 6.  | Fidelity<br>Surety  |   |  |
| 8.<br>9.  | Boiler and Machinery<br>Fire  |   |  |
| 11.   | Extended Coverage<br>Inland Marine  |   |  |
| 13.<br>14.  | Homeowners Commercial Multi-Peril Crop Hail                                     |   |  |
|   | OtherLine of Insurance  | (1(1(1(1(1(1(1(1.   | if a No filing applies to all torritories          |
| DO  | es filing only apply to certain territory (                                     | (territories) or certain classes? If so, spec                               | iny: No, filing applies to all territories.        |
|   |   | rates of an advisory organization, specify and revising our agents' manual. |  |
| <u>vve</u>  | are increasing rates +5.7% overall, a   | ing revising our agents manual.   |  |
|   | ljusted to reflect all prior rate changes<br>hange in Company's premium level w | hich will result from application of new ra                                 | tes.<br>Casualty Insurance Company                 |
|   |   |   | Name of Company                                    |
|   |   | Chris V. Gates  | s - AVP Personal Lines Operations Official – Title |

|                | Change in Company's premium                             | June 3, 2010                               |                                   |                                       |
|----------------|---|--|-----------------------------------|---------------------------------------|
|                |   | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -) |                                       |
|                | Automobile Liability Private Passenger Commercial       | 344,473                                    | 22.1%%                            |                                       |
|                | Automobile Physical Damage Private Passenger Commercial | 137,579                                    | -3.2%%                            |                                       |
|                | Liability Other Than Auto<br>Burglary and Theft         |  |                                   |                                       |
|                | Glass<br>Fidelity<br>Surety                             |  |                                   |                                       |
| ).             | Boiler and Machinery Fire Extended Coverage             |  |                                   |                                       |
| 1.<br>2.       | Inland Marine<br>Homeowners                             |  |                                   |                                       |
| 3.<br>4.<br>5. | Commercial Multi-Peril<br>Crop Hail<br>Other            |  |                                   |                                       |
|                | Line of Insurance                                       |  | <del></del>                       |                                       |
| o.<br>rief     | description of filing. (If filing follows)              | vs rates of an advisory or                 |                                   | · · · · · · · · · · · · · · · · · · · |
|                |   |  |                                   |                                       |
|                |   |  |                                   | surance Company<br>of Company         |
|                |   |  |                                   | ir. Actuarial Analyst                 |

|            | Change in Company's premiun                 | or rate level produced by      | rate revision effective | June 3, 2010         |
|------------|---|--------------------------------|-------------------------|----------------------|
|            |   |                                | (0)                     |                      |
|            |   | (2)                            | _ (3)                   |                      |
|            |   | Annual Premium                 | Percent                 |                      |
|            |   | Volume (Illinois)              | Change (+ or -)         |                      |
| 1.         | Automobile Liability                        |                                |                         |                      |
|            | Private Passenger                           | 905,959                        | 22.1%%                  |                      |
|            | Commercial                                  |                                |                         |                      |
| 2.         | Automobile Physical Damage                  |                                |                         |                      |
|            | Private Passenger<br>Commercial             | 587,902                        | -3.2%%                  |                      |
| 3.         | Liability Other Than Auto                   |                                |                         |                      |
| 4.         | Burglary and Theft                          |                                |                         |                      |
| 5.         | Glass                                       |                                |                         |                      |
| 6.         | Fidelity                                    |                                |                         |                      |
| <b>7</b> . | Surety                                      |                                |                         |                      |
| 8.         | Boiler and Machinery                        |                                |                         |                      |
| 9.         | Fire  |                                |                         |                      |
| 10.        | Extended Coverage                           |                                |                         |                      |
| 11.        | Inland Marine                               |                                |                         |                      |
| 12.        | Homeowners                                  |                                |                         |                      |
| 13.        | Commercial Multi-Peril                      |                                |                         |                      |
| 14.        | Crop Hail                                   |                                |                         |                      |
| 15.        | Other                                       |                                |                         |                      |
|            | Line of Insurance                           |                                |                         |                      |
| Doe<br>No. | s filing only apply to certain territor     | y (territories) or certain cla | asses? If so, specify:  |                      |
|            |   |                                |                         |                      |
|            | f description of filing. (If filing follows |                                |                         |                      |
| Bas        | e Rate Change plus Driver with mo           | ore than 1 incident factors    |                         | <u> </u>             |
|            |   |                                |                         | <del></del>          |
|            |   | ·········                      |                         |                      |
|            |   |                                |                         |                      |
|            |   |                                |                         |                      |
|            |   |                                | Hortford Hodomiter      | o Incurance Com      |
|            |   |                                |                         | 's Insurance Company |
|            |   |                                | name of                 | f Company            |
|            |   |                                | Kamali Khala G          | . Antonial Amplest   |
|            |   |                                |                         | r. Actuarial Analyst |
|            |   |                                | Officia                 | al - Title           |

# Section 754 EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

# **SUMMARY SHEET**

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 7/1/2010                | •                                  |

| -   | (1)  | (2) Annual Premium                        | (3)<br>Percent  |
|-----|--|---|---|
| -   | Coverage   | Volume (Illinois) *                       | Change (+or-) **  |
| 1.  | Automobile Liability Private   | voidino (minoro)                          | - Chango ( C. 7   |
| •   | Passenger  | \$2,143,042                               | +28.6%  |
|     | Commercial   | 42,1101012                                |   |
| 2   | Automobile Physical Damag  |   |   |
|     | Private Passenger  | \$1,922,121                               | +4.9%   |
|     | Commercial   |   |   |
| 3.  | Liability Other Than Auto  |   |   |
| 4.  | Burglary and Theft   |   |   |
| 5.  | Glass  |   |   |
| 6.  | Fidelity   | **************************************    |   |
| 7.  | Surety   |   |   |
| 8.  | Boiler and Machinery   |   |   |
| 9.  | Fire   |   |   |
| 10. | Extended Coverage  | **************************************    |   |
| 11. | Inland Marine  |   |   |
| 12. | Homeowners   |   |   |
| 13. | Commercial Multi-Peril   |   |   |
| 14. | Crop Hail  |   |   |
| 15. | Other  | **************************************    |   |
|     | Life of Insurance  |   |   |
| •   | Does filing only apply to certa Classes? If so, specify:  Base rate  |   | certain<br>s: 12-0, 17-0, 18-0, 19-0, 20-0, 22-0, 23-0, |
|     | 24-0, 25-1, 25-2, 25-4, 25-5, 28-2, 29-0, 32-0, 3                    | 33-0, 34-0, 34-1, 34-2, 34-3, 34-4, 34-5, | 34-6, 35-0, 35-1, 36-0, 40-0, 44-0, 45-0 & 46-0         |
|     | Brief description of filing. (If f                                   | iling follows rates of an a               | dvisory   |
|     | Organization, specify  | _   | ·   |
|     | organization):   | Base rate increase, multi o               | ar discount increase, and a change in the               |
|     | underwriting guide referring to drivers ur                           | nder the age of 25.                       |   |
|     | *Adjusted to reflect all prior ra<br>**Change in Company's premates. | nium level which will resu                | Ilt from application of new                             |
|     |  | masunus iviutual ir                       | ISUITATICE COMDANY                                      |

Name of Company

Ellen T. Lavender Product Manager

Official - Title

# **SUMMARY SHEET**

|          | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*  | (3) Percent Change (+ or -)**                       |
|----------|---|--|---|
|          | Coverage  | voidine (minois)   | <u> </u>  |
| 1.       | Automobile Liability Private Passenger Commercial                             | \$ 134,465,579   | 0%  |
| 2.       | Automobile Physical Damage<br>Private Passenger<br>Commercial                 | \$91,997,041   | 0%  |
| 3.       | Liability Other Than Auto   | 44.00  |   |
| 1.       | Burglary and Theft  |  |   |
| 5.       | Glass   |  |   |
| ó.       | Fidelity  |  |   |
| 7.       | Surety  |  |   |
| 3.       | Boiler and Machinery  |  |   |
| ).       | Fire  |  |   |
| ).       | Extended Coverage   |  |   |
|          | Inland Marine   |  |   |
| 2.       | Homeowners  |  |   |
| i.       | Commercial Multi-Peril  |  |   |
| <b>.</b> | Crop Hail   |  |   |
| 5.       | Other   |  |   |
|          | Line of Insurance   |  |   |
| ef o     | description of filing. (If filing follow re introducing renewal rate capping, | vs rates of an advisory organization, speci<br>which will cap premium increases or decease due to changes in our rating structure  | ify organization): creases on renewal policies that |
|          | 10% and -5%.  | out the transfer in the rating of the transfer in the rating of the rati |   |
|          |   |  |   |
|          |   |  |   |
|          | djusted to reflect all prior rate chang<br>hange in Company's premium level v |  |   |

Cynthia Guan - Sr. Auto Product Manager
Official - Title

Name of Company

Company

# RECEIVED

# FORM (RF-3)

# **SUMMARY SHEET**

JUN - 2 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective June 14, 2010.

|                | (1) <u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>     | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |  |  |
|----------------|--|--|--|--|--|--|
| 1.             | Automobile Liability Private Passenger Commercial                            | 1,692,394  | 10.24%                                     |  |  |  |
| 2.             | Automobile Physical Damage<br>Private Passenger<br>Commercial                | 1,535,836  | 3.84%                                      |  |  |  |
| 3.<br>4.<br>5. | Liability Other Than Auto<br>Burglary and Theft<br>Glass                     |  |  |  |  |  |
| 6.<br>7.       | Fidelity<br>Surety   |  |  |  |  |  |
| 7.<br>8.       | Boiler and Machinery   |  |  |  |  |  |
| 9.             | · · · ·  |  |  |  |  |  |
|                | Extended Coverage  |  |  |  |  |  |
|                | Inland Marine  |  |  |  |  |  |
|                | Homeowners   |  |  |  |  |  |
|                | Commercial Multi-Peril   |  |  |  |  |  |
|                | Crop Hail  |  |  |  |  |  |
| 15.            | Other  |  |  |  |  |  |
|                | Line of Insurance  |  |  |  |  |  |
|                | • • • • • •  | territory (or territories) or certain<br>No            |  |  |  |  |
|                | Brief description of filing. (If filing organization, specify organization   |  |  |  |  |  |
|                |  |  |  |  |  |  |
|                | *Adjusted to reflect all prior rate  **Change in Company's premiu new rates. | changes.<br>m level which will result from application | of   |  |  |  |
|                |  | Infinity Auto Insurance Company                        |  |  |  |  |
|                |  | Name of Com  | pany                                       |  |  |  |
|                |  |  |  |  |  |  |

Charles E. Tucker Jr, Assistant Vice President

Official -- Title

# **RECEIVED**

FORM (RF-3)

# **SUMMARY SHEET**

JUN - 2 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective June 14, 2010.

|     | (1) <u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>    | (3) Percent Change (+ or -)** |  |  |  |  |
|-----|--|---|-------------------------------|--|--|--|--|
| 1.  | Automobile Liability Private Passenger Commercial  | 3,553,811   | 11.24%                        |  |  |  |  |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial  | 2,726,040   | 8.55%                         |  |  |  |  |
| 3.  | Liability Other Than Auto  |   |                               |  |  |  |  |
| 4.  | Burglary and Theft   |   |                               |  |  |  |  |
| 5.  | Glass  |   |                               |  |  |  |  |
| 6.  | Fidelity   |   |                               |  |  |  |  |
| 7.  | Surety   | · ·   |                               |  |  |  |  |
| 8.  | Boiler and Machinery   |   |                               |  |  |  |  |
| 9.  | Fire   |   |                               |  |  |  |  |
|     | Extended Coverage  |   |                               |  |  |  |  |
|     | Inland Marine<br>Homeowners  |   |                               |  |  |  |  |
|     | Commercial Multi-Peril   |   |                               |  |  |  |  |
|     | Crop Hail  |   |                               |  |  |  |  |
|     | Other  |   |                               |  |  |  |  |
| 10. | Line of Insurance  |   |                               |  |  |  |  |
|     |  |   |                               |  |  |  |  |
|     | Does filing only apply to certain to classes? If so, specify:  | erritory (or territories) or certain<br>No            |                               |  |  |  |  |
|     | Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Revising base rates |   |                               |  |  |  |  |
|     |  |   |                               |  |  |  |  |
|     | *Adjusted to reflect all prior rate of the company's premium new rates.  | changes.<br>n level which will result from applicatio | n of                          |  |  |  |  |
|     |  | Infinity Casualty Insurance Com                       | nnany                         |  |  |  |  |
|     |  | Name of Cor   |                               |  |  |  |  |
|     |  | 11411113 01 001                                       | <del></del>                   |  |  |  |  |
|     |  | Charles E. Tucker Jr, Assistant                       | t Vice President              |  |  |  |  |

Official -- Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| _              | ı |   |
|----------------|---|---|
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| Coverage  Coverage  1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto   | Annual Premium Volume (Illinois)* 3500 | Percent Change (+ or -)**  |
|--|--|--|
| <ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other</li> </ol> |  | <ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Inand Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other</li> </ol> |

Chicago area to majority of state. Driver class factors for Single and Married between ages of 30-39 changed.

driver class factors and also expanded the zip codes in territory 1 to include more of Illinois instead of just the Chicago zipcodes. Removed policy fee and implemented billing fee. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The filing changed two

\*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates.

Monthly program

Name of Company

Loya Insurance Company

Denise Farnan - Consulting Actuary
Official - Title

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

# **SUMMARY SHEET**

| (1)<br>Coverage             | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) **    |
|-----------------------------|--|---------------------------------|
| Automobile Liability Priva  |  | - Change (+01-)                 |
| Passenger                   |  | +1.7%                           |
| Commercial                  | 2,441,177                              | 71.776                          |
| Automobile Physical Dar     | 200                                    |                                 |
| Private Passenger           | 2,270,859                              | -13.6%                          |
| Commercial                  | 2,270,039                              | -13.076                         |
| Liability Other Than Auto   |  |                                 |
| Burglary and Theft          |  |                                 |
| Glass                       |  |                                 |
| Fidelity                    |  |                                 |
| Surety                      |  |                                 |
| Boiler and Machinery        |  |                                 |
| Fire                        |  |                                 |
| Extended Coverage           |  |                                 |
| Inland Marine               |  |                                 |
| Homeowners                  |  |                                 |
| Commercial Multi-Peril      |  |                                 |
| Crop Hail                   |  |                                 |
| Other                       |  |                                 |
| Life of Insurance           |  |                                 |
| Life of insurance           |  |                                 |
|                             | certain territory (territories) o      | r certain                       |
| Classes? If so,             |  |                                 |
| specify: N                  | O                                      |                                 |
|                             |  |                                 |
|                             | (If filing follows rates of an         | advisory                        |
| Organization, specify       | Davis and home makes 1                 |                                 |
| organization):              | Revised base rates, r                  | nousehold composition, tier, ar |
| new independent rates.      |  |                                 |
| *Adjusted to reflect all pr | ior rate changes                       | <del></del>                     |
|                             | premium level which will resi          | ult from application of nev     |
| 121145                      |  |                                 |
| rates.                      | National Surety C                      | Corporation                     |

William Paukovitz - Vice President

Official - Title

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

### SUMMARY SHEET

| Change in Company's premium o | r rate level produced by rate revision |
|-------------------------------|--|
| offective 7/20/2009           |  |

| effective 7/20/2009   |            |   |                         |  |
|---|------------|---|-------------------------|--|
| (1)   |            | (2)                                     | (3)                     |  |
|   | An         | nual Premium                            | Percent                 |  |
| <u>Coverage</u>   | <u>Vol</u> | ume (Illinois) *                        | <u>Change (+or-) **</u> |  |
| 1. Automobile Liability Private   |            |   |                         |  |
| Passenger   | \$         | 10,709,820                              | 17.4%                   |  |
| Commercial  |            | -                                       |                         |  |
| 2. Automobile Physical Damag  |            |   |                         |  |
| Passenger   | _\$        | 7,682,563                               | 6.3%                    |  |
| Commercial  |            |   |                         |  |
| 3. Liability Other Than Auto  |            |   |                         |  |
| 4. Burglary and Theft   |            |   |                         |  |
| 5. Glass  |            |   |                         |  |
| 6. Fidelity   |            |   |                         |  |
| 7. Surety   |            |   |                         |  |
| 8. Boiler and Machinery   |            |   |                         |  |
| 9. Fire   |            |   |                         |  |
| 10. Extended Coverage   |            |   |                         |  |
| 11. Inland Marine   |            |   |                         |  |
| 12. Homeowners  |            |   |                         |  |
| 13. Commercial Multi-Peril  |            |   |                         |  |
| 14. Crop Hail   |            |   |                         |  |
| 15. Other   |            |   |                         |  |
| Life of Insurance   |            |   |                         |  |
| Does filing only apply to certain territor                                    | ory (teri  | ritories) or certain                    |                         |  |
| Classes? If so,   | No         |   |                         |  |
| specify:  |            |   |                         |  |
|   |            |   |                         |  |
| Brief description of filing. (If filing follows)                              | ows rate   | es of an advisory                       |                         |  |
| Organization, specify   |            |   |                         |  |
| organization):We are revising the Tel   | rritory b  | ase rates, expense                      | fees, Financial         |  |
| Responsibility Factors, Household Co  | omposi     | tion Factors and                        |                         |  |
|   |            |   |                         |  |
| adding Accident Forgiveness, Minor  |            |   |                         |  |
| Diminishing Deductible, and Total Lo  | ss waiv    | er as new option av                     | ailable to              |  |
| Policyholders.  |            |   |                         |  |
|   |            | *************************************** |                         |  |
| *Adjusted to reflect all prior rate char                                      |            |   | à                       |  |
| **Change in Company's premium level which will result from application of new |            |   |                         |  |

Nationwide Insurance Company of America

Name of Company

David Connors - Pricing Specialist
Official - Title

# Revised: correction David Connors
Offici

to Column (3) premium impact

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# **SUMMARY SHEET**

|              | Change in Company's premium or rate        | level produced by rate revision effective     | 8/1/10                  |
|--------------|--|---|-------------------------|
|              | (1)  | (2) Annual Premium                            | (3) Percent             |
|              | <u>Coverage</u>                            | Volume (Illinois)*                            | <u>Change (+or -)**</u> |
| 1.           | Automobile Liability                       |   |                         |
|              | Private Passenger                          | 2,793,031                                     | +7.0%                   |
|              | Commercial                                 |   |                         |
| 2.           | Automobile Physical Damage                 |   |                         |
|              | Private Passenger                          | 1,616,782                                     | +12.0%                  |
|              | Commercial                                 |   |                         |
| 3.           | Liability Other Than Auto                  |   |                         |
| 4.           | Burglary and Theft                         |   |                         |
| 5.           | Glass                                      |   |                         |
| 6.           | Fidelity                                   |   |                         |
| 7.           | Surety                                     |   |                         |
| 8.           | Boiler and Machinery                       |   |                         |
| 9.           | Fire                                       |   |                         |
| 10.          | Extended Coverage                          |   |                         |
| 11.          | Inland Marine                              |   |                         |
| 12.          | Homeowners                                 |   |                         |
| 13.          | Commercial Multi-Peril                     |   |                         |
| 14.          | Crop Hail                                  |   |                         |
| 15.          | Other                                      | -   |                         |
|              | Line of Insurance                          |   |                         |
| Does f<br>No | iling only apply to certain territory (ter | ritories) or certain classes? If so, specify: |                         |
|              | ·  |   |                         |
|              |  |   |                         |
|              |  | rates of an advisory organization, specify of | organization):          |
|              | sing base rates by coverage, and the rev   |   |                         |
| Age          | or Youngest Driver / Number of Driver      | rs / Number of Vehicles, Years Insured, Ti    | ering Score for         |
|              |  | ount, Homeownership UW score for "Rent        | er with selective HO-4, |
| LUSS         | Accidets UW tiering, SDIP and Vehic        | ic Model 1 cal.                               |                         |
| * A          | djusted to reflect all prior rate changes  |   |                         |

\*\* Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of South Carolina

Name of Company

Libin Guo – Actuarial Analyst
Official - Title

Change in Company's premium or rate level produced by rate revision effective June 17, 2010

|                   |  | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -) |  |
|-------------------|--|--|-----------------------------------|--|
| 1.                | Automobile Liability Private Passenger Commercial                | 4,939,956                                  | +19.4%                            |  |
| 2.                | Automobile Physical Damage Private Passenger Commercial          | 4,212,796                                  | +1.8%                             |  |
| 3.<br>4.<br>5.    | Liability Other Than Auto<br>Burglary and Theft<br>Glass         |  |                                   | •  |
| 6.<br>7.          | Fidelity<br>Surety   |  |                                   | ·<br>·                                   |
| 8.<br>9.<br>10.   | Boiler and Machinery Fire Extended Coverage                      |  |                                   |  |
| 11.<br>12.<br>13. | Inland Marine Homeowners Commercial Multi-Peril                  |  |                                   |  |
| 14.<br>15.        | Crop Hail Other Line of Insurance                                |  |                                   |  |
| Doe               | s filing only apply to certain territor                          | y (territories) or certain class           | ses? If so, specify:              | No                                       |
|                   | f description of filing. (If filing follow<br>base rates by form | vs rates of an advisory orga               | nization, specify organ           | ization): We are increasing              |
|                   |  |  | 200                               |  |
|                   |  |  |                                   | rance Company, LTD.                      |
|                   |  |  | Nam                               | e of Company                             |
|                   |  |  |                                   | rd- Pricing Consultant<br>ficial - Title |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate lev  | rel produced by rate revision effective                                      | 7-1-2010 New & Renewal   |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                           | (3)<br>Percent<br><u>Change (+ or -)**</u>   |
| Automobile Liability Private     Passenger Cemmersial  | 9,848,046 (2009 DWP)   | plus 6.5%  |
| Automobile Physical Damage     Private Passenger Commercial  | 8,111,368 (2009 DWP)   | plus 6.4%  |
| Liability Other Than Auto     Burglary and Theft     Other Than Auto     Liability Other Than Auto |  |  |
| 5. Glass   |  |  |
| 7. Surety  |  |  |
| 10. Extended Coverage  |  |  |
| 11. Inland Marine 12. Homeowners   |  |  |
| 13. Commercial Multi-Peril<br>14. Crop Hail  |  |  |
| 15. Other Line of Insurance  |  | WALKER OF THE STATE OF THE STAT |
| Does filing only apply to certain territory (te  | erritories) or certain classes? If so, specify:                              | No.  |
| Brief description of filing. (If filing follow<br>increase of plus 6.5%. Withdrawal of endo        | s rates of an advisory organization, spersement: EXCESS MEDICAL E-100 (6-92) | cify organization): <u>Overall rate leve</u>   |
| *Adjusted to reflect all prior rate changes.<br>**Change in Company's premium level whi            | ich will result from application of new rates                                |  |
|  |  | utual Insurance Company<br>Name of Company   |
|  |  | U, Assistant Underwriting Manager  |
|  |  | Official - Title   |

|         | Change in Company's premiun               | n or rate level produced by    | rate revision effective | June 3, 2010                       |
|---------|---|--------------------------------|-------------------------|------------------------------------|
|         | -   |                                |                         |                                    |
|         |   | (2)                            | (3)                     |                                    |
|         |   | (2)<br>Annual Premium          | Percent                 |                                    |
|         |   |                                | Change (+ or -)         |                                    |
|         | A. damakila Liabilik.                     | Volume (Illinois)              | Change (+ or -)         |                                    |
| •       | Automobile Liability                      | 22 746 424                     | 22.1%%                  |                                    |
|         | Private Passenger                         | 22,746,421                     | 22.17676                |                                    |
|         | Commercial                                |                                |                         |                                    |
| •       | Automobile Physical Damage                | 42 642 705                     | -3.2%%                  |                                    |
|         | Private Passenger                         | 13,642,725                     | -3.27676                |                                    |
|         | Commercial                                |                                |                         |                                    |
| •       | Liability Other Than Auto                 |                                | . —                     |                                    |
| •       | Burglary and Theft                        |                                |                         |                                    |
|         | Glass                                     |                                |                         |                                    |
| i.      | Fidelity                                  |                                | <del></del>             |                                    |
|         | Surety                                    |                                | <del></del>             |                                    |
| }.<br>` | Boiler and Machinery                      |                                | <del></del>             |                                    |
| ).      | Fire                                      | ******                         |                         |                                    |
| 0.      | Extended Coverage                         |                                |                         |                                    |
| 1.      | Inland Marine                             |                                |                         |                                    |
| 2.      | Homeowners                                |                                |                         |                                    |
| 3.      | Commercial Multi-Peril                    |                                |                         |                                    |
| 4.      | Crop Hail                                 |                                |                         |                                    |
| 5.      | Other                                     |                                |                         |                                    |
|         | Line of Insurance                         |                                |                         |                                    |
|         |   |                                |                         |                                    |
| )oe     | s filing only apply to certain territor   | ry (territories) or certain cl | asses? If so, specify:  |                                    |
| lo.     |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         | f description of filing. (If filing follo |                                |                         | ion):                              |
| ase     | e Rate Change plus Driver with m          | ore than 1 incident factors    |                         |                                    |
|         |   |                                | <u></u>                 |                                    |
|         |   |                                |                         |                                    |
|         |   |                                |                         | <del></del>                        |
|         |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         |   |                                | Toursbull loo           |                                    |
|         |   |                                | Komail Khoia - S        | rance Company r. Actuarial Analyst |
|         |   |                                | Noman Knoja - 3         | i. Actualiai AllaiySt              |
|         |   |                                |                         |                                    |
|         |   |                                |                         |                                    |
|         |   |                                | <del></del>             |                                    |

|      | Change in Company's premiur               | n or rate level produced by     | rate revision effective      | June 3, 2010         |
|------|---|---------------------------------|------------------------------|----------------------|
|      |   |                                 |                              |                      |
|      |   | (2)                             | (3)                          |                      |
|      |   | Annual Premium                  | Percent                      |                      |
|      |   | Volume (Illinois)               | Change (+ or -)              |                      |
| 1.   | Automobile Liability                      | Volume (minois)                 | Charige (1 or -)             |                      |
| 1.   | Private Passenger                         | 5,524,243                       | 22.1%%                       |                      |
|      | _   | 3,324,243                       | 22.17070                     |                      |
| 2    | Commercial                                |                                 |                              |                      |
| 2.   | Automobile Physical Damage                | 0.400.400                       | 2.00/0/                      |                      |
|      | Private Passenger<br>Commercial           | 3,496,182                       | -3.2%%                       |                      |
| 3.   | Liability Other Than Auto                 |                                 |                              |                      |
| 4.   | Burglary and Theft                        |                                 |                              |                      |
| 5.   | Glass                                     |                                 |                              |                      |
| 6.   | Fidelity                                  |                                 |                              |                      |
| 7.   | Surety                                    |                                 |                              |                      |
| 8.   | Boiler and Machinery                      |                                 |                              |                      |
| 9.   | Fire                                      |                                 |                              |                      |
| 10.  | Extended Coverage                         |                                 |                              |                      |
| 11.  | Inland Marine                             | -                               |                              |                      |
| 12.  | Homeowners                                |                                 |                              |                      |
| 13.  | Commercial Multi-Peril                    |                                 |                              |                      |
| 14.  | Crop Hail                                 |                                 |                              |                      |
| 15.  | Other                                     | <del></del>                     |                              |                      |
| 10.  | Line of Insurance                         |                                 |                              |                      |
|      | Line of madrance                          |                                 |                              |                      |
|      |   |                                 |                              |                      |
| Doe  | s filing only apply to certain territor   | ry (territories) or certain cla | asses? If so, specify:       |                      |
| No.  |   | • •                             | · · · · ·                    |                      |
|      |   |                                 |                              |                      |
|      |   | ·=· ·                           |                              |                      |
|      |   |                                 |                              |                      |
| Brie | f description of filing. (If filing follo | ws rates of an advisory or      | ganization, specify organiza | tion):               |
|      | e Rate Change plus Driver with mo         |                                 |                              |                      |
|      | · · · · · · · · · · · · · · · · · · ·     | <del></del>                     | ·                            |                      |
| -    |   |                                 |                              |                      |
|      |   |                                 |                              |                      |
|      |   |                                 |                              |                      |
|      |   |                                 |                              |                      |
|      |   |                                 | Twin City Fire In:           | surance Company      |
|      |   |                                 |                              | Company              |
|      |   |                                 |                              |                      |
|      |   |                                 |                              |                      |
|      |   |                                 | Komail Khoja - Sı            | r. Actuarial Analyst |
|      |   |                                 |                              | al - Title           |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

| (1)<br>Coverage                         | (2) Annual Premium Volume (Illinois) *     | (3) Percent Change (+or-) **   |
|---|--|--|
| Automobile Liability Private            |  |  |
| Passenger                               | 5,598,918                                  | -0.41  |
| Commercial                              |  |  |
| Automobile Physical Damag               |  |  |
| Private Passenger                       | 1,111,363                                  | -2.70  |
| Commercial                              |  | ***************************************  |
| Liability Other Than Auto               |  |  |
| Burglary and Theft                      |  |  |
| Glass                                   |  |  |
| Fidelity                                |  |  |
| Surety                                  |  |  |
| Boiler and Machinery                    |  |  |
| Fire                                    |  |  |
| Extended Coverage                       |  |  |
| Inland Marine                           |  |  |
| Homeowners                              |  |  |
| Commercial Multi-Peril                  |  |  |
| Crop Hail                               |  | The Contract of the Contract o |
| Other                                   |  |  |
| Life of Insurance                       |  |  |
| Does filing only apply to certa         | ain territory (territories) o              | r certain  |
| Classes? If so,                         |  |  |
|   | tories are affected by this cha            | ange. Detailed impacts are   |
| provided in the summary.                |  |  |
| Brief description of filing. (If f      | iling follows rates of an a                | advisory   |
| Organization, specify                   |  |  |
| organization):                          |  | tes, model year relativities,  |
| territory definitions and maximum       |  |  |
| Added ISO symbols for 2011 and          |  | revised - updated manual.  |
| *Adjusted to reflect all prior ra       | ate changes.<br>nium level which will resu | ult from application of ne   |
| - · · · · · · · · · · · · · · · · · · · |  |  |
| rates.                                  | United Automobile                          | Incurance Company  |
| <del>-</del>                            |  | Insurance Company  |
| <del>-</del>                            |  | me of Company  |

# **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

5/24/10 New 07/02/2010 Renewal

|        | (1)<br><u>Coverage</u>   | (2) Annual Premium Volume (Illinois)*       | (3) Percent Change (+ or -)** |  |  |
|--------|--|---|-------------------------------|--|--|
| 1.     | Automobile Liability   |   |                               |  |  |
|        | Private Passenger  | \$28,014,006                                | -3.4%                         |  |  |
|        | Commercial   |   |                               |  |  |
| 2.     | Automobile Physical Damage   |   |                               |  |  |
|        | Private Passenger  | \$23,519,930                                | -4.8%                         |  |  |
|        | Commercial   |   |                               |  |  |
| 3.     | Liability Other Than Auto  |   |                               |  |  |
| 4.     | Burglary and Theft   |   |                               |  |  |
| 5.     | Glass  |   |                               |  |  |
| 6.     | Fidelity   |   |                               |  |  |
| 7.     | Surety   |   |                               |  |  |
| 8.     | Boiler and Machinery   |   |                               |  |  |
| 9.     | Fire   |   |                               |  |  |
| 10.    | Extended Coverage  |   |                               |  |  |
| 11.    | Inland Marine  |   |                               |  |  |
| 12.    | Homeowners   |   |                               |  |  |
| 13.    | Commercial Multi-Peril   |   |                               |  |  |
| 14.    | Crop Hail  |   |                               |  |  |
| 15.    | Other  |   |                               |  |  |
|        | Line of Insurance  |   |                               |  |  |
| Dags f | ilina anki anni i ta aantain tamitami (4   | amitarias) ar acutain alagasa? If as amasif |                               |  |  |
|        | Does filing only apply to certain territory (territories) or certain classes? If so, specify: Filing affects all areas of state. |   |                               |  |  |
| rning  | affects aff aleas of state.  |   |                               |  |  |
|        |  |   |                               |  |  |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Implemented revised base rates, revised expense fees, revised premier driver discount and revised territory relativities.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

| United Services Automobile |  |
|----------------------------|--|
| Association                |  |
| Name of Company            |  |

John Mancini, Executive Director Regulatory Compliance Official - Title

H29219D

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in        | Company's premium or rate lev                                     | el produced by rate revision effective                | June 11, 2010                              |
|------------------|---|---|--|
| -                | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>    | (3)<br>Percent<br><u>Change (+ or -)**</u> |
|                  | obile Liability Private<br>ssenger C <del>ommerci</del> al        | \$383,361   | +13.8%                                     |
|                  | ssenger C <del>ammorol</del> ai<br>obile Physical Damage          | \$303,30 I  | 10.070                                     |
|                  |   | \$268,656   | +7.2%                                      |
|                  | y Other Than Auto   | <u> </u>  |  |
|                  | ry and Theft  |   |  |
| 5. Glass         | _   |   |  |
| 6. Fidelity      | ,   |   |  |
| 7. Surety        | _   |   |  |
| 8. Boiler        | and Machinery   |   |  |
| 9. Fire          | <u> </u>  |   |  |
|                  | led Coverage  |   |  |
| 11. Inland       |   |   |  |
| 12. Home         |   |   |  |
|                  | ercial Multi-Peril  |   |  |
| 14. Crop H       |   |   |  |
| 15. Other        | Line of Insurance   |   |  |
|                  | Line of insurance   |   |  |
| Does filing      | only apply to certain territory (te                               | erritories) or certain classes? If so, specify:       | No   |
| <b>2</b> 000 mmg | orny appriy to contain termory (to                                |   |  |
|                  |   | rates of an advisory organization, specify of factors |  |
|                  |   |   |  |
|                  | o reflect all prior rate changes.<br>n Company's premium level wh | ich will result from application of new rates.        |  |
|                  |   | Unitrin Dir.  | ect Insurance Company                      |
|                  |   |   | lame of Company                            |
|                  |   | Richard A Wilson.                                     | Director, Product Management               |
|                  |   |   | Official - Title                           |

### **SUMMARY SHEET**

5/24/10 New 07/02/2010 Renewal

Change in Company's premium or rate level produced by rate revision effective

|     | (1) <u>Coverage</u>   | (2) Annual Premium Volume (Illinois)*        | (3) Percent Change (+ or -)** |
|-----|---|--|-------------------------------|
| 1.  | Automobile Liability  |  |                               |
|     | Private Passenger   | \$21,732,707                                 | -2.6%                         |
| _   | Commercial  |  |                               |
| 2.  | Automobile Physical Damage  | #15 CC1 401                                  | 4.60/                         |
|     | Private Passenger Commercial  | \$17,661,421                                 | -4.6%                         |
| 3.  | Liability Other Than Auto   |  |                               |
| 4.  | Burglary and Theft  |  |                               |
| 5.  | Glass   |  |                               |
| 6.  | Fidelity  |  |                               |
| 7.  | Surety  |  |                               |
| 8.  | Boiler and Machinery  |  |                               |
| 9.  | Fire  |  |                               |
| 10. | Extended Coverage   |  |                               |
| 11. | Inland Marine   |  |                               |
| 12. | Homeowners  |  |                               |
| 13. | Commercial Multi-Peril  |  |                               |
| 14. | Crop Hail   |  |                               |
| 15. | Other   |  |                               |
|     | Line of Insurance   |  |                               |
|     | iling only apply to certain territory (to affects all areas of state. | erritories) or certain classes? If so, speci | ify:                          |
|     |   |  |                               |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Implemented revised base rates, revised expense fees, revised premier driver discount and revised territory relativities.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

USAA CASUALTY INSURANCE COMPANY

Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title

## **SUMMARY SHEET**

5/24/10 New 07/02/2010 Renewal

Change in Company's premium or rate level produced by rate revision effective

|     | (1) <u>Coverage</u>                                     | (2) Annual Premium Volume (Illinois)*           | (3) Percent Change (+ or -)** |
|-----|---|---|-------------------------------|
| 1.  | Automobile Liability Private Passenger Commercial       | \$2,555,516                                     | -2.8%                         |
| 2.  | Automobile Physical Damage Private Passenger Commercial | \$2,990,585                                     | -2.7%                         |
| 3.  | Liability Other Than Auto                               |   |                               |
| 4.  | Burglary and Theft                                      |   |                               |
| 5.  | Glass   |   |                               |
| 6.  | Fidelity  |   |                               |
| 7.  | Surety  |   |                               |
| 8.  | Boiler and Machinery                                    |   |                               |
| 9.  | Fire  |   |                               |
| 10. | Extended Coverage                                       |   |                               |
| 11. | Inland Marine   |   |                               |
| 12. | Homeowners  |   |                               |
| 13. | Commercial Multi-Peril                                  |   |                               |
| 14. | Crop Hail   |   |                               |
| 15. | Other   |   |                               |
|     | Line of Insurance                                       |   |                               |
|     | iling only apply to certain territory (t                | erritories) or certain classes? If so, specify: |                               |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Implemented revised base rates, revised expense fees, revised premier driver discount and revised territory relativities.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

USAA GENERAL INDEMNITY COMPANY

Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title